



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD, SUITE 10  
FORT SAM HOUSTON, TEXAS 78234-6010

DASG-HSZ

15 JAN 2002

MEMORANDUM FOR Commanders, MEDCOM MEDCENs/MEDDACs

SUBJECT: Support to Service Members in Geographically Separated Units (GSUs) and TRICARE Prime Remote (TPR) Enrollees

1. References:

- a. U.S. Army Regulation (AR) 40-400, Patient Administration.
- b. AR 40-501, Medical Fitness Standards.
- c. U.S. Army Medical Command (MEDCOM) Regulation 40-21.
- d. TRICARE Operations Manual (Chapter 21, Military Treatment Facility [MTF] Referred Care).

2. Purpose. To reiterate MTF commander responsibility for delivery of medical care and maintenance of medical readiness for TPR-enrolled service members and other service members in GSUs.

3. Discussion. MTF commanders are responsible for ensuring active duty service members (ADSMs) and Reserve/National Guard service members with an in-line-of-duty injury/illness located in their geographic area of responsibility (GAR) have access to appropriate and timely health care and receive care as seamlessly as possible. Recent issues have surfaced related to supporting our service members in GSU's and those enrolled in TPR. This memorandum is forwarded as a reminder of the basic concept of the MTF commanders' responsibility for medical readiness to soldiers in their GAR as defined by MEDCOM Regulation 40-21.

4. Procedures.

- a. ADSMs in GSU areas are enrolled to TPR and will use a TRICARE-authorized provider if a primary care manager (PCM) is not available.

**SUBJECT: Support to Service Members in Geographically Separated Units (GSUs) and TRICARE Prime Remote (TPR) Enrollees**

b. Reserve Component (RC) service members listed in the Defense Enrollment Eligibility Reporting System (DEERS) as ineligible for medical care and residing or working in the catchment area of a MTF will be provided any necessary medical care by the MTF for any in-line-of-duty injury/illness.

c. RC service members residing or working outside the catchment area of the MTF with an in-line-of-duty injury/illness and not listed as DEERS eligible will coordinate with their unit commanders to receive medical care. Units will coordinate the required care with the Military Medical Support Office (MMSO), and MMSO will determine whether the care is provided by an MTF or a TRICARE authorized provider.

d. If a TPR or GSU service member's medical condition warrants referral to a MTF for either administrative reasons (line-of-duty, Medical Evaluation Board [MEB], etc.) or specialty care, the MTF becomes clinically responsible for that patient. If the MTF subsequently refers the patient to the local network, while maintaining clinical oversight of the patient's care, the approval/authorization process rests with the referring MTF. The service point of contact at MMSO should never be asked to place an authorization into the system for a TPR-enrolled or GSU patient when an MTF initiated the referral. The patient's medical care may be returned to the civilian PCM or TRICARE-authorized provider once the condition is resolved.

e. MTFs referring medical care to civilian providers will ensure the Managed Care Support Contractor (MCSC) for the beneficiary's region of TRICARE Prime/TPR enrollment or, in the absence of enrollment, zip code of residence has an authorization to pay the claims. In the region of enrollment, the beneficiary must have an authorization for payment of the medical claim on the regional MCSC claim processing system.

f. The MTF authorization based on an injury/illness incurred in-line-of-duty constitutes eligibility for medical care and overrides ineligibility in DEERS for RC service members, Reserve Officer Training Corps, and other eligible beneficiaries.

g. MTF failure to authorize payment of the claim will result in the MCSC referring the medical claim to the service member's enrolling MTF for retroactive authorization. The MTF will have 4 working days to notify the contractor of the authorization status--approved, denied, or pending. If the MTF fails to notify the contractor of the payment status, the contractor will automatically approve the claim for payment.

**SUBJECT: Support to Service Members in Geographically Separated Units (GSUs) and TRICARE Prime Remote (TPR) Enrollees**

h. Claims for necessary medical care should not be denied merely because the service member did not follow the administrative preauthorization process for the TRICARE program. MTFs will use the service member's chain of command for corrective actions. MTFs will not deny claims for civilian medical care for the following situations.

- (1) Emergency or urgent medical care.
- (2) Premature delivery of a baby.
- (3) Medical care ordered by a military provider.

i. Service members will remain enrolled to the MTF and/or will be managed by the MTF rendering medical care for the following circumstances.

- (1) Terminal leave.
- (2) Excess leave.
- (3) MEB/Physical Evaluation Board Disability Processing.
- (4) Periodic physical civilian consults.
- (5) Service members in an inpatient status.
- (6) Service members referred by the MMSO for "Fitness for Duty" evaluations.
- (7) Medical care authorized by the service member's chain of command.
- (8) Drug and Alcohol Abuse.

j. The MMSO only authorizes payment of specialty medical care for Reserve and Active Component service members who:


- (1) live and work more than 50 miles or 1-hour drive time from an MTF and are not MTF referred; or
- (2) are enrolled in TPR and are not MTF-referred.

k. The MMSO RC Instructions are located at <http://navymedicine.med.navy.mil/mmso>; the MMSO telephone number is (888) 647-6676.

SUBJECT: Support to Service Members in Geographically Separated Units (GSUs)  
and TRICARE Prime Remote (TPR) Enrollees

5. Our point of contact is Mr. Gregory Howard, TRICARE Operations Division, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-7147 or Commercial (210) 221-7147.

FOR THE COMMANDER:

A handwritten signature in black ink, appearing to read "William T. Bester", with a long horizontal flourish extending to the right.

WILLIAM T. BESTER  
Brigadier General, AN  
Deputy Chief of Staff for Operations,  
Health Policy and Services